

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90044 049 ****61.25

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1. Entity Name

**MAGNOLIA FOREST PHASE II AT BLUEWATER BAY
HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business

**4198 WHITETAIL CIRCLE
NICEVILLE FL 32578**

Mailing Address

**4198 WHITETAIL CIRCLE
NICEVILLE FL 32578**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3597648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, EUGENE
4198 WHITETAIL CIRCLE
NICEVILLE FL 32578**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MARTIN, EUGENE F**
STREET ADDRESS **4198 WHITETAIL CIRCLE**
CITY-STATE-ZIP **NICEVILLE FL 32578**

TITLE **VD** ☐ Delete
NAME **PHILBIN, EDWARD**
STREET ADDRESS **4176 WHITE TAIL CIR**
CITY-STATE-ZIP **NICEVILLE FL 32578**

TITLE **TD** ☐ Delete
NAME **PACHER, PATRICK L**
STREET ADDRESS **4204 WHITE TAIL CIR**
CITY-STATE-ZIP **NICEVILLE FL 32578**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **JOAN M MCCARTHY** ☒ Change ☐ Addition
NAME **P.D.**
STREET ADDRESS **4173 WHITE TAIL CIRCLE**
CITY-STATE-ZIP **NICEVILLE, FL 32578**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **MARTIN, SYLVIA A**
STREET ADDRESS **4198 WHITETAIL CIRCLE**
CITY-STATE-ZIP **NICEVILLE FL 32578**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan M McCarthy